

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

5000 5/12/05

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|--|--|---|------------------|--|--|--|--|--|--|--|--|
| 1 Date of Request: <u>3/9/05</u> | | 2 Serial/Patent # <u>10523394</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | | | |
| <input checked="" type="checkbox"/> Filing <u>Fee Change</u> | | | 6 AMOUNT | | | | | | | | |
| <input type="checkbox"/> Amendment | | | \$ <u>100.00</u> | | | | | | | | |
| <input type="checkbox"/> Extension of Time | | | \$ | | | | | | | | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ | | | | | | | | |
| <input type="checkbox"/> Petition | | | \$ | | | | | | | | |
| <input type="checkbox"/> Issue | | | \$ | | | | | | | | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ | | | | | | | | |
| <input type="checkbox"/> Maintenance | | | \$ | | | | | | | | |
| <input type="checkbox"/> Assignment | | | \$ | | | | | | | | |
| <input type="checkbox"/> Other | | | \$ | | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | | | | | | | | |
| | | \$ <u>100.00</u> | | | | | | | | | |
| | | 8 TO BE REFUNDED BY: <u>CC</u> | | | | | | | | | |
| | | Treasury Check | | | | | | | | | |
| | | Credit Deposit A/C #: | | | | | | | | | |
| | | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 10 REASON: | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Overpayment | | | | | | | | | | | |
| <input type="checkbox"/> Duplicate Payment | | | | | | | | | | | |
| <input type="checkbox"/> No Fee Due (Explanation): | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Rita White</u> | | TITLE: <u>Legal Assistant/Examiner</u> | | | | | | | | | |
| SIGNATURE: <u>Rita White</u> | | PHONE: <u>7/308-9140 ext. 231</u> | | | | | | | | | |
| OFFICE: <u>DO/EO</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: